

**342****Critical Area Planting**

Owner _____ Operator I.D. _____ Date _____
Operator _____ Tract _____ Field (s): _____
Contract Number _____ Contract Item Number (s): _____
Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN☐

Practice objective,
Identification of the extent of practices applied,
Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required),
Environmental Evaluation NRCS-WA-CPA-052,
Documentation of necessary permits – federal, state, tribal, local - as applicable, and
Site-specific practice specification

The following additional data are needed for the specific practices listed.

Check Use the Check Box to indicate the Requirements are met.

**Check
Box****Requirements****COMMENTS**

<input type="checkbox"/>	Actual Materials Used.	_____
<input type="checkbox"/>	Location and Layout Drawings.	_____
<input type="checkbox"/>	Management recommendations.	_____
<input type="checkbox"/>	Material Specifications.	_____
<input type="checkbox"/>	Quantity computations.	_____
<input type="checkbox"/>	Seeding plan.	_____
<input type="checkbox"/>	Soil type.	_____
<input type="checkbox"/>	Soils.	_____
<input type="checkbox"/>	Type and quality of materials.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.

Certification:

For non-NRCS employees: If state license is required then all applicable state certification requirements are met (i.e. P.E. stamp).

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications.

Certified by: /s/ _____ Date: _____

Job Title: _____

May 2003

ENGINEER
STAMP